



**ARCHER K. BLOOD AMERICAN CENTER LIBRARY**  
**THE AMERICAN CENTER**

**PIN NUMBER**

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2 Photos

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**APPLICATION FOR MEMBERSHIP**

**PLEASE WRITE IN BLOCK LETTERS**

NAME MR. / MS. / DR. \_\_\_\_\_  
Last name (surname) First name Middle name

OCCUPATION \_\_\_\_\_ DESIGNATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

RESIDENCE ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Mobile \_\_\_\_\_

NAME AND ADDRESS OF OFFICE/ INSTITUTION \_\_\_\_\_

PREFERRED MAILING ADDRESS: ☐ Home ☐ Office HAVE YOU BEEN TO THE UNITED STATES? ☐ Yes ☐ No

IF YES, PLEASE STATE ☐ Academic ☐ Nonacademic

DID YOU VISIT THE U.S. UNDER ANY SPECIAL PROGRAM PLEASE STATE \_\_\_\_\_

SUBJECTS OF INTEREST \_\_\_\_\_

WHERE DID YOU HEAR ABOUT THE AMERICAN CENTER LIBRARY? \_\_\_\_\_

I hereby apply for membership/renewal of membership in Archer K. Blood American Center Library and agree to comply with the library rules. I understand that if I do not follow the rules, my membership could be revoked.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Sponsor**

**Mr./ Ms./Dr. \_\_\_\_\_ is a member/student of our organization/known to me. His/her membership to the Archer K. Blood American Center Library is recommended. I hereby ensure he/she will abide by the rules of the Library.**

Official signature: \_\_\_\_\_ Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Stamp